DOCUMENT RESUME

ED 081 014 CS 200 676

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TITLE Insight and Figurative Language in Psychotherapy: Two Fragments of a Case Study.
INSTITUTION McNabb Center, Knoxville, Tenn.; Tennessee Univ., Knoxville. Dept. of Psychology.
PUB DATE [73]
NOTE 14p.; See related documents CS 200 675, CS 200 630, and CS 200 631

EDRS PRICE MF-$0.65 HC-$3.29
DESCRIPTORS *Case Studies; *Figurative Language; Mental Illness; *Metaphors; Psychiatry; *Psychological Needs; Psychological Studies; *Psychotherapy

ABSTRACT

This study discusses the role figurative language can play in promoting insight in a patient undergoing psychotherapy. The first part of the study reviews some of the research into the nature of creative insight; the next section discusses some of the research relating to the value of metaphor in the treatment of schizophrenic patients. The major portion of the study consists of a discussion of two fragments of a case study involving a patient who comes to recognize both his resistance to therapy and his general feelings of worthlessness by means of the therapist's handling of the patient's metaphoric productions. It is concluded from the case study that when the patient and the therapist used non-literal language, the metaphors generated alternatives for the insightful solution of the patient's problems; the metaphors built upon one another in a therapeutic cascade of insightful communication. (DI)

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ED 081014

INSIGHT AND FIGURATIVE LANGUAGE IN PSYCHOTHERAPY

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Like the artist, psychotherapists wait and work for moments of inspiration. For the artist these moments surface and take form within the context of a chosen medium; in psychotherapy they coalesce out of the exchange between two unique and distinct dynamics called patient and therapist. Communication, the medium of this interchange, chronicles and facilitates the movement towards inspiration; a movement which in the context of psychotherapy is aimed at change for the patient and is usually called insight. Every insight, whether in the production of an artistic creation or in the development of a more creative way of living, is only a partial representation of the final resolution or reality-to-be-attained. Each successive insight changes both the existing situation and one's awareness of that situation thereby giving new direction to one's acts.

For the artist, partial insights are evidenced in the variety of phases and forms which are achieved and then expanded upon. In this evolution each successive manipulation produces a new awareness which leads towards a new completion. Most often these insights emerge when artists use their media in figurative or representative ways. In so doing they engage our imagination and intuition, and when this happens, it leads us and them to a wider and richer comprehension that comes only from shifting from the concrete and photographic to the figurative and representative.

In psychotherapy, insights as partial representations are most often confined and witnessed in the ongoing metaphoric, or figurative, communication between pa-

CS 200 672

tient and therapist. These linguistic manipulations are intended to expand the patient's range of awareness so as to facilitate change in a direction of his own choosing. The process involved in making these shifts in the dialogue of therapy has hardly been discussed in the psychotherapy literature, much less seriously studied.

Traditionally it has been poets and novelists, rather than psychotherapists, who describe the process inherent in metaphoric language which promotes novel insights. As the poet and novelist James Dickey has noted:

> The deliberate conjunction of disparate items which we call metaphor is not so much a way of understanding the world but a perpetually exciting way of recreating it from its own parts... It is a way of causing the items of the real world to act upon each other, to recombine, to suffer and learn from the mysterious value systems or value making systems of the individual, both in his socially conditioned and in his inmost, wild, and untutored mind. It is a way of putting the world together according to rules which one never fully understands, but which are as powerfully compelling as anything in the whole human makeup.
> (Dickey, 1967, p. 2)

Freud's Psychopathology of Everyday Life, especially his chapter entitled "Slips of the Tongue," provides a very early but elementary understanding of the relation between non-literal language and the movement towards insight. Although not considered metaphoric, Freud's examples illustrate that many such slips can hardly be considered literal.

As an example consider the following story:

> A lady once expressed herself in society -- the very words show that they were uttered with fervor and under the pressure of a great many secret emotions: 'Yes, a woman must be pretty if she is to please the men. A man is much better off. As long as he has five straight limbs, he needs no more.'

Even though Freud explains this slip in terms of the mechanisms of condensation, contamination, and the fusion of similar modes of expression, he neglects to note that the speaker certainly did not mean what she said literally. Nevertheless, Freud's understanding of the slip might run as follows: Men only have four, or less, limbs. A penis is like a limb (especially when erect), and in this way, the lady was talking about five instead of four limbs. By interpret-

ing the statement as an implicit simile, i.e., an erect penis is like a straight limb, Freud was able to read the implicit meaning of her statement. In this case, as in many others, most psychotherapists will attest to the disturbing, but often insightful, consequences of such non-literal language slips.

Deutsch and Murphy (1955) provide additional unwitting testimony to the efficacy of listening to patient metaphors. In explaining their interview technique called associative anamnesis they encourage the neophyte interviewer to familiarize himself with the patient's language. To do this the interviewer is advised to focus on key phrases and words which a patient uses most often, especially his "somatic language." It is these key words and phrases which, for Deutsch and Murphy, guide the interview and which the interviewer will repeat many times. It is also around these words and phrases that the interviewer should structure his responses and statements. This technique prepares the patient for identifying with the therapist and serves to facilitate a transference relationship. "However, the essential thing is the intensification and continual guidance of the associations in order to maintain their continuity. Pointing out this continuity to the patient by repetition prepares him for insight into certain connections which he may have to face later (Deutsch and Murphy, 1955, p. 21)." Surprisingly, even a cursory reading of a few illustrative interviews reveals a consistent pattern to their approach: Deutsch and Mrrphy frequently chose metaphors as their key concepts, but do not realize it nor mention it explicitly.

Small and Bellak (1965) also encourage new therapists to facilitate insight in therapy by engaging their patients with "colorful language," jokes, humor, and parables. Kris (1956) refers to the same facilitative function of imaginative language without referring to these communications as figurative. Wolberg (1958) encourages therapists to facilitate insight through the use of "word pictures."

Chessick (1968) reports an excellent example of the unwitting use of metaphor by a psychotherapist to facilitate insight in a female patient. He first reports the patient's dream.

> I am at a dinner party seated between my sister-in-law and my mother-in-law. I feel quite trapped. Mother-in-law is a good cook, but sister is taking the credit for her cooking. It is a nasty situation.

He continues:

> One might make a mental note of the oral and homosexual elements in this dream as well as the defensive mechanisms of denial and displacement. They fit previous formulations of the patient. In terms of dealing with the patient however, I chose the feeling of being trapped to discuss. It was the predominant feeling in the dream, and led to a tremendous release of feelings about her husband and the marriage. It opened up a discussion of the patient's contribution to the trap, which was a step forward for this patient.
>
> (Chessick, 1968, p. 60)

Chessick claims that his responses to the word trapped facilitated a radically novel discussion during which the patient was able to express a great deal of feeling about her real life circumstances -- a bit of behavior she found difficult to do in the past. Like his predecessors Chessick never makes the observation that the "feeling" he selected to work with was in fact embodied in a piece of metaphoric language.

One of the few therapists who has written explicitly about the role of metaphor in psychotherapy is Lenrow (1966). Basically he sees psychotherapy as a special case of "social influence" and he expands this notion into seven specific functions figurative language might serve in therapy.

(1) Metaphors provide a model of willingness to try out novel ways of looking at behavior, that is, the patient models the therapist in metaphorizing.

(2) Metaphors function to simplify events in terms of a scheme or model which will emphasize some elements more than others.

(3) An intimate or personal quality is achieved by the concrete referents of figurative language.

(4) Metaphors have a half-playful, half-serious quality that permits the therapist to communicate about intimate characteristics of the patient without appearing intrusive.

(5) The form of the metaphor is especially well-suited for asserting the affective equivalence of apparently dissimilar concepts or events.

(6) To the extent that metaphors refer to an interaction between an object and its environment, they are well suited for highlighting subtle social roles that a patient takes.

(7) Metaphoric concepts, once learned, are likely to transfer readily to new situations that the person enters or to old ones he reenters.

Fine, Pollio and Simpkinson (1973), who also have talked specifically about metaphor in psychotherapy, discuss figurative language as an ego process with at least two observable functions: problem solving and wish fulfillment. They attribute the need for a shift into metaphoric expression to the felt discrepancy between one's evanescent experience of internal states, impulses, feelings, and motivations and the difficulty experienced in describing such events. Sometimes the shift is necessitated by a patient's limited vocabulary and in this case metaphorizing allows the speaker to extend the range of his conceptualizations beyond the scope of his vocabulary. At other times a patient is unable to communicate his experiences adequately since he is not sufficiently aware of them. In this case metaphor provides an inroad to unconscious impulses and feelings. Such a conjecture assumes that metaphors, like dreams, are distilled, displaced, and distorted fragments of unconscious feelings and impulses.

Metaphoric language may also be used where a patient is fearful of the possible responses by a therapist or by himself to a literal description of his experience; particularly if he views this experience as unconventional, awesome, or "crazy." In this case a therapist's acceptance and utilization of the patient's metaphors (i.e., his willingness to cooperate with the patient's request to shift to a non-literal level of communicating) eases the tension and anxiety common to the therapy situation and may engage an ego operation which, if facilitated properly, can lead to realistic attempts at solving the problems which brought the patient

into therapy.

The manner in which this ego operation functions is derived from the two-fold ability of creative metaphor: (1) to capture and concretize affective experiences (displaced fragments of unconscious processes) by relating them to observable behaviors and events, and (2) to offer alternative cognitive models which serve as teaching and learning devices to the metaphor-maker. By "playing back" metaphors to a patient the therapist establishes a novel experience in which the patient begins to feel understood and in which he begins to search out new solutions to problems within the context of metaphoric communication.

If, with Fine, Pollio, and Simpkinson, we assume that insight as patient process in therapy involves many of these same goals and strategies, then we should expect some relationship between the process of metaphor-making and the experience of insight. The question then remains: How should we describe insight in order to explicate its putative relationship to metaphoric usage?

Eugene Gendlin (1964) has proposed a psychological theory of change which provides a perspective from which to approach this problem. In describing how changes occur in psychotherapy, Gendlin begins with what he terms two universal observations. The first of these is concerned with most patients' reports of a change occurring "from within"; a change which is concerned with an internal re-working of their feelings. The second universal refers to the fact that such change occurs only in the context of an ongoing relationship involving someone else -- in this case a therapist.

In accounting theoretically for these two universals, Gendlin introduces the notion of experiencing -- a process he describes as concrete bodily feeling which constitutes the basic matter of psychological process. Although there is a variety of experiencing processes, one is singular to psychotherapy and this involves the client making direct reference to inwardly felt meanings; meanings which have no current symbolization. These felt meanings are implicit and become explicit only by a process of carrying forward implicit meanings through symbolization.

Prior to such symbolization, felt meanings are incomplete.

This change comes about through a process known as focusing -- one is focusing when one attends to the direct referents of his current experiencing. In talking about focusing, Gendlin notes four phases which unfold and characterize the activity. The first phase involves the patient's act of making direct reference to vague implicit feelings. Unfolding, the second phase, occurs when vague, impressionistic felt meanings are made explicit. Usually this happens in a burst, when the patient becomes aware of explicit feelings all at once. With his new recognitions the patient begins to make global applications; during this third phase patients typically experience a "flooding of associations, memories, situations and circumstances." This new awareness provides a novel model which is useful in "making sense out of" a variety of experiences past and present. Finally the patient begins a new reference movement: His more explicit recognitions trigger new implicit felt meanings so that the process reverberates and continues.

Gendlin's descriptions of the unfolding, global applications and reference movement phases of focusing parallel and integrate (at a psychological level) commentary on insight from a variety of different perspectives. This theory of change is especially agreeable to E. D. Hutchinson's descriptive analysis of the four stages of creative insight (1939, 1940, 1949a, 1949b). In addition, B. F. Lonergan's (1957; 1964) discussion of the dynamic patterns of human knowing and insight offers epistemological support for Gendlin's exposition.

If it is true, as James Dickey claims, that metaphor-making is a "perpetually exciting" way of recreating the world, then we should be able to observe some aspects of the way a patient changes his world in therapy by examining the metaphors he produces over time. If, like Dickey, Gendlin is an accurate observer, this change through metaphor-making should somehow mimic or mirror his descriptions of the feeling process. Metaphoric communications should correspond to events we would judge as "insightful" and in some way follow the form of implicit-to-explicit-to-implicit and so on.

The following therapy fragment will help to demonstrate some of these assertions.

The Case of Charles

At the time this conversation occurred, Charles, recently divorced, had been involved in weekly psychotherapy sessions for five months. During these months he has become ever more aware of himself as a "pervasively angry man." He uses a technique of forced relaxation "to get in touch" with a chronic tenseness which he now constantly interprets as anger. The session begins with the patient telling the therapist that because of his ex wife's illness, he has recently taken custody of his 4-year-old daughter, the only child in his broken marriage. This has placed even greater stress and responsibility upon this immature man. He expresses concern over his reticence to punish his daughter physically, framing this concern in a question to the therapist as to how hard he should slap her wrists when she plays with his expensive stereo equipment.

The therapist feels there is much more to this question. The patient who is becoming increasingly aware of just how angry he is, is now frightened that he might unleash all of his anger upon an innocent child, his infant daughter. There is a history in his marriage of becoming enraged at his wife and often slapping her. The typical pattern leading up to these outbursts involved a series of avoidance maneuvers designed to deny his anger followed by reaction formations that highlight him as a good guy, an innocent person, and a rescuer of those in need. His past inability to be aware of the increasing tension associated with anger prevented any modulated expression, and usually culminated in an uncontrollable outburst.

These notions set the stage for the following transcript. The patient and therapist often mention a "white hat." This is a bit of figurative language introduced by the patient early in therapy and is a self-description implying that he is concerned about and oriented towards interpersonal interactions in which he is the helper and rescuer.

T 1: So where are you now?

C 1: Hmm?

T 2: So where are you now?

C 2: I sort of feel a little tense in my fingers and a little tense...uh...you know around my mouth...like something wants to come out. Uh...uh...

T 3: Say whatever you want.

C 3: (Not clear) (Pause) My dealing with my anger...I'm not sure...uh...you think if I...uh...feel comfortable with the way I expressed it that's a good way?

T 4: Hmm. (not agreeing, just motioning that he is attentive)

C 4: Like if I felt good you know not because I like, "Ha, ha,"...you know, like "I beat you." You know I feel good because I don't have any more anger...remember like you said like with the Tom Jones kind of thing... that kind like off to the side, "Ha ha I won because I put you down." If it's not that kind but sort of like, you know, feeling relieved... that sort of...and...you think that's a good indicator...you feel... is that a good indicator...is that a good way...is that particular way a good way to have dealt with...

T 5: Yeah...I guess...I'm not too sure what you're getting at. Sounds like there's more to it than what you're saying.

C 5: I...when...

T 6: Sounds like you're not sure whenever you get rid of your anger...

C 6: Yeah...It's like I'm not sure you know if I'm doing it...it's sort of like I'm doing it you know...it's sort of like a new thing for me...getting angry and I just sort of feel like...I guess I'm looking...I'm still kind of worried about how's that person gonna take it or something like that... cause like...uh...when I'm like would it or something like that...cause like...uh...when I'm like would get angry with my parents they would take it as an affront to them and like when I get...like when I was expressing my anger with Hilary recently...you know she would turn away and like say you're angry, and I don't want to talk to you about anything..and uh...

T 7: You're still mad at me.

C 7: Huah (no). I haven't even thought about that after I just said what I felt. I felt comfortable when like I told Hilary, you know, I just let it out at her and she stood there...just sat there...and you know took it. I said you know, I felt better...she just kinda sorta knew I did...That was kind of good.

T 8: She knew you were angry?

C 8: I think she did.

T 9: Does that make you sad now? (The patient's mood shifted.)

*All statements judged as metaphoric, i.e., non-literal, are underlined.

C 9: I don't know... it sorta makes me kind of happy and sad too. It's sort of late, you know to do anything about it now.

T 10: Found something to (unclear)

C 10: Well for that, you know...

T 11: Still like to (something relating to getting back with his wife).

C 11: I don't know...it's like...uh...like...uh I...you know like it's been alot of hurt you know given on both sides...I don't know if we could forget it or deal with it...cause it's like you know....like she said the divorce would come through like in December or January...I don't know if that's not sort of like she doesn't know what she's doing... like she might want to get back together...so I don't know (the divorce proceedings have been dragging on for months).

T 12: Well at least you can say the first part.

C 12: What?

T 13: She's not sure what she's doing right now.

C 13: Yeah.

T 14: I don't know about the second part.

C 14: Yeah.

T 15: Why do you want her back, Charles?

C 15: I don't know if it's her so much as it's somebody. Mmm, it't just like she was somebody who I was with...you know, like it would be easier... I don't know if it would be easier, but it's like somebody who sort of knows me...than starting all over again.

T 16: It's hard to change, isn't it?

C 16: Yeah (with conviction). Real hard!

T 17: Mhmm (agreeing). (pause) I sort of hear you saying something about yourself there too. Like it would be easier to continue, in a sense with somebody...

C 17: Then I wouldn't have to change...

T 18: ...with the <u>screwed up kind of stuff</u>, "I had with Hilary rather than have to change what I'm all about."

C 18: Yeah.

T 19: Right (pause). Yeah, I think I felt a little of your sadness then...and what came to mind to me was this idea of somehow <u>deep inside</u> of not wanting to change...like it's better to <u>keep on wearing the white hat</u>...that sort of confirms the suspicion you had about yourself all along...<u>it's hard to take it off</u> (the white hat).

C 19: It seems like it's sort of <u>turned gray</u> (faint laugh).

T 20: Your white hat, you mean?

C 20: Yeah (both chuckle). A little dirty.

T 21: Getting a little dirty, huh?

C 21: I find myself on...like uh...when you know, like, selling my car. It's sort of like (unclear) I'm not the nice little...uh...I don't find myself wearing a white hat (unclear) (pause) I don't know.

T 22: Are you afraid if you take your white hat off you are gonna end up being the angry monster?

C 22: Yeah, I think I might.

T 23: Yeah, let's look at it this way...maybe the angry monster (interrupt)...

C 23: Is a little mouse about that big (holds index and thumb close together) (laughs nervously) The mouse that roared.

T 24: That would be scary, wouldn't it? Maybe the angry monster is just as much an illusion as the white hat. The mouse that roared (said reflectively to express its significance as an insightful caricature).

In the statements following this exchange the patient continues by explaining that his angry outbursts were ways of "being noticed" and are now futile since there is no one to take notice (his wife). He begins to sense that his concerns about being abusive towards his daughter are very much tied to his intense resentment and rage at his ex wife who -- like a small child tampering with an expensive stereo system -- disrupted (tampered with) a critically balanced and highly valued interpersonal experiential system.

What needs to be done now is to describe the flow of metaphors in this excerpt. The therapist and the patient participated in an unusual (though certainly not rare) inter-play at a non-literal level. They repeatedly used, responded to, and built upon each other's metaphors, and the resulting series of responses evolved into a natural sequence of imaginative interchange.

The patient begins this excerpt by talking about his problems expressing angry feelings towards others, especially his wife. The gist of the early, mostly literal (T1-T16) comments center on the patient's sense of "incompleteness" about the manner in which he expresses anger. He complains he is never sure if his expressions are adequate (C4) since their impact seems minimal (C7). He does none-

theless feel some relief in being able to express some anger in a modulated fashion, but complains that he learned too late to save his marriage (C9 and C11). The patient next mentions how he prefers his present debilitating relationships to dealing directly with himself and changing this pattern(C14-C18).

In T19 a noticeable shift to a more figurative context occurs. Instead of talking literally about the patient's difficulty in changing, the therapist focuses on the patient's sadness in terms of the figure "wearing the white hat." The patient responds to the metaphor, metaphorically, and the conversation continues. Highlighting this flood of metaphors is the patient's progressively explicit assertions that he is not as nice as his "white hat" would indicate ("gray" and "dirty" in C19-C21). The therapist then introduces a new figure, "the angry monster" (T22), which the patient spontaneously integrates into a new, highly imaginative economical and well-formed figure, "the mouse that roared" (C23).

One of the obvious patterns in this fragment is an interplay of literal (explicit) and metaphoric (implicit) statements. The patient's literal statements in C21 ("I'm not the nice little...") are derived from his metaphorical assertions in C19 and C20. The patient's frequent use of simile (typically introduced by the word <u>like</u>) are clear indications of his halting, cautious, and tentative style of appropriating implicit experience (C11-C15). In terms of Gendlin's analysis, it is clear that change comes about by explication of implicitly felt meanings, and this is largely done via the medium of metaphoric language.

The events presented in this fragment also parallel Gendlin's description of focusing. T1-C2 begins a reference movement. T3-C17 can be characterized generally by the patient's struggle to maintain his direct experience -- a struggle which begins to come to fruition (T19) just prior to his imaginative self-characterization (unfolding) as the "mouse that roared" (C23). Following this he begins to apply this new awareness to past experience (global applications), e.g., his statements explaining how he must "roar" to be noticed.

Of immediate interest here is the parallel occurrence of large numbers of figurative statements and the patient's coming to insight, i.e., unfolding. In his metaphors he discloses a deeply rooted sense of weakness by a cautious use of novel figures. The patient's early attempts to "get in touch" with himself by a relaxation technique are prelude to a series of events which culminate in a cascade of non-literal figures within which he comes to a novel and revealing disclosure. Surely this new disclosure, which paradoxically is both revealing and disguising, will be a useful heuristic for this therapy. The metaphor "the mouse that roared" directs both patient and therapist to talk about the general theme of anger and impotence. This thematic restriction produces a direction for future explication and at the same time, allows the patient some distance from his sense of helplessness while clearly implying such an experience.

This fragment and its explanation are in no way intended to capture an "essence" of the therapeutic process. Nevertheless, it is offered to illustrate that the movement in therapy towards more spontaneous and internally satisfying ways of living can be accompanied by characteristic patterns of literal and non-literal language. An examination of these patterns highlights a formal property of the process called therapeutic insight which is best described as "explicating the implicit."

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